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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/711,373 FEE TRANSMITTAL Filing Date September 14, 2004 For FY 2005 First Named Inventor Michael J. Weiss et al. **Examiner Name** Edward F. Landrum Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3724 TOTAL AMOUNT OF PAYMENT (\$) Attorney Docket No. FIS920040048US1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 09-0458 Deposit Account Name: IBM Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 130 50 65 200 Plant 100 300 160 150 80 Reissue 300 150 500 250 600 300 Provisional 200 0 100 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Multiple Dependent Claims Total Claims** Extra Claims Fee Paid (\$) Fee (\$) /20pd - 20 or HP = Fee Paid (\$) Fee (\$) 0 X 50.00 HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee Paid (\$) Indep. Claims Fee (\$) \_ - 3 or HP = /3pd 200.00 0\_\_\_\_ \_ X HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Registration No. 44,638 Telephone (203)787-0595 Signature /Robert Curcio/ (Attorney/Agent) Date May 19, 2008 Name (Print/Type) Robert Curcio

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